

## **Extent of Collaboration in Building Academic – Service Partnerships in Nursing**

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### **ABSTRACT**

**Background:** There is a growing concern in the nursing service industries to expand the roles of nurses. A well-developed and planned collaboration between the academic and services in nursing is required.

**Purpose:** This study investigated the extent of collaboration in building academic-service partnerships based on the perceptions of the students, faculty, staff nurses, and nursing administrators.

**Methods:** This study employed a descriptive research design to obtain a thorough picture about the extent of collaboration in building academic and service partnerships. The majority of the participants (n=500) were staff nurses (n=232, 46.4%) from 5 hospitals, students (n=160, 32%) and faculty (n=62, 12.4%) from 7 schools who were informed, consented and selected using a purposive sampling. A questionnaire was used to describe the extent of collaboration. Descriptive statistics such as mean, standard deviation, frequency, and the percentage were used.

**Results:** Students, faculty, nursing administrators and staff nurses assessed the overall extent of collaboration in building academic-service partnerships to a great extent in terms of nursing education redesign, research collaboration, faculty practice, academic and clinical progression, and workforce development.

**Conclusion:** Despite the fact there was a great extent of collaboration in building academic-service partnerships in nursing, the proposed intervention or enhancement program can be an instrument to strengthen the current status of nursing amidst radical reforms in the healthcare delivery.

**Keywords:** Academic-service partnerships; collaboration; nursing

## **BACKGROUND**

The nursing profession around the globe is facing mounting pressures. For instance, the nursing education sector is bombarded with faculty and clinical staff shortage, burdened curriculum, and inadequate precollegiate preparation of the students. On the other hand, there is a growing concern in the nursing service industries to expand the roles of nurses, a heightened need for evidence-based practice, the impact of professional regulations and legislations in the practice of nursing, generational differences, and radical reforms in healthcare delivery system (Cuellar & Zaiontz, 2013). Concomitantly, a strong connectivity has been established between these issues and diminished patient care, inefficient nursing practice, failure or excessive lag time in incorporating or deleting clinical practices based on the current evidence (Hanberg & Brown, 2006).

The partnerships between the academic and service institutions in nursing should be well developed to deal with the emerging problems related to the nursing practices, education and research. An integrative review by Beal et al. (2012) described that partnerships between academic and service settings provide many benefits such as cost effectiveness, good patient outcomes, positive student learning, increased research productivity, and faculty satisfaction.

Thus, to address these issues, academic and service institutions in nursing strategically developed the concept of collaboration since the beginning of the 21st century. However, Schmitt (2001) insisted that the evidence to support this assertion remains sparse. He added that a need for a new paradigm and new practice models of collaborative partnerships should be developed. Furthermore, the type of traditional relationships, behaviors and partnerships of academic and service no longer match the needs of an emerging and reforming health care system.

## **OBJECTIVE**

This descriptive research study investigated the extent of collaboration in building academic-service partnerships based on the perceptions of the students, faculty, staff nurses, and nursing administrators.

## **METHODS**

This descriptive research was appropriate for describing, exploring, and explaining the extent of collaboration between the academic and service partnerships in nursing. Prior to the study, an approval was received from the institution in which the study was taking place, and also from the participants. A purposive sampling was utilized. The institutional selection eligibility criteria were (1) universities or colleges affiliated to one base hospital; (2) an integrated approach to the delivery of the joint program, whereby both the college and the university faculty teach in all four years of the program; (3) an articulated approach, meaning clear lines of separate teaching responsibilities between the college and the university faculty, with separate and distinct years of program delivery between the partners; and (4) an extended period before a formal agreement was reached.

The participants were selected based on the following criteria: (1) nursing administrators who were currently holding administrative positions including the dean, coordinators for faculty, instruction, research, and among others for nursing schools. For the service,

nursing administrators are those who are currently holding chief executive officer, nursing directors, nurse supervisor and nurse managers; (2) faculty and clinical staff including those who have at least three-year experience, directly responsible for classroom and clinical supervision, while clinical staffs are those working in the hospitals, should have at least three-year experience in the hospital, and experience in student clinical supervision; and (3) students are those who are currently enrolled, having regular academic status, and have undergone related clinical learning experiences at the time of the data collection. For the quantitative data particularly on the demographic variables of participants, the extent of collaboration in building academic-service partnerships, descriptive statistics were used including frequency, percentage, means and standard deviations.

## RESULTS

The findings of this study revealed that the participants evaluated the extent of collaboration in building academic – service partnerships as being met to a great extent referring to the nursing education ( $M=3.92$ ,  $SD=0.72$ ), research collaboration ( $M=3.76$ ,  $SD=0.61$ ), workforce development ( $M=4.02$ ,  $SD=0.67$ ), academic and clinical progression ( $M=3.96$ ,  $SD=0.57$ ), and faculty practice ( $M=4.05$ ,  $SD=0.67$ ). Furthermore, the results revealed that in nursing education, participants agreed that both academic and service institutions in nursing collaborated to have a deep understanding of the enduring concepts of the discipline, as anchors for the many details students must learn ( $M=4.17$ ,  $SD=0.71$ ).

In research collaboration, participants agreed that both academic and service institutions introduce nursing research and its contributions to healthcare outcomes ( $M=3.94$ ,  $SD=0.71$ ). In terms of workforce development, participants understood that both academic and service institutions work on a cooperative mechanism between the employers and employees to the potential workers and create a continued commitment and loyalty to the institution ( $M=4.10$ ,  $SD=0.82$ ). In terms of academic and clinical progression, the collaboration was done through partnering with practice colleagues to design creative collaborative initiatives to assure that the graduates are prepared to practice and to progress in their nursing education ( $M=4.18$ ,  $SD=0.68$ ). Lastly, there was an evidence that formal communication processes between the clinical faculty coordinators and clinical instructors/teachers were regularly conducted as agreed by the participants in building academic – service partnerships ( $M=4.14$ ,  $SD=0.67$ ).

*Table 1. Extent of collaboration in nursing education redesign*

Nursing Education Redesign	Mean	SD
1. Nursing education embeds program in the full development of the clinical expertise.	3.99	0.63
2. There is a deep understanding of the enduring concepts of the discipline, as anchors for the many details students must learn.	4.17	0.71
3. A deep knowledge of the methods where teachers can facilitate important learning, as well as an appreciation for the educational research literature.	3.83	0.72

Nursing Education Redesign	Mean	SD
4. Engage in intensive dialogue with peers, students, and nursing service colleagues about the reform in nursing education.	3.78	0.67
5. Explore new modalities and new key performance about nursing education.	3.95	0.76
6. Create an evidence base for nursing education that embraces innovation, identifies best practices, and serves towards a diverse nursing population that can transform nursing practice.	3.83	0.87
7. Re-examine clinical education in order to design new methods preparing students in today's health care environment challenges.	3.80	0.83
<b>Overall mean</b>	<b>3.92</b>	<b>0.72</b>

*Table 2. Extent of collaboration in research collaboration*

Research Collaboration	Mean	SD
1. Introduce nursing research and its contributions to healthcare outcomes.	3.94	0.71
2. Have an opportunity to participate in research activity with a nurse as the lead investigator.	3.73	0.88
3. Embrace, and to some extent, participate in the research mission in both fields of expertise.	3.84	0.67
4. Provide a platform for the dissemination of nursing research that occurs throughout the academic and clinical setting.	3.78	0.81
5. Commit to research and other scholarly endeavors in pursuit of excellence.	3.71	0.76
6. Actively seek out interdisciplinary linkages within and outside of the academic and clinical community related to research, teaching, and service.	3.76	0.76
7. Operationalize research related activities of the nursing education and clinical practice as a mandatory criterion measure for performance evaluation and upgrading of the career ladder.	3.66	0.84
8. Develop written research agenda with execution of objectives in a time bound frame in which mentoring, interdisciplinary and collaborative scholarly initiatives.	3.66	0.72
<b>Overall mean</b>	<b>3.76</b>	<b>0.61</b>

*Table 3. Extent of collaboration in workforce development*

Workforce Development	Mean	SD
1. The policies, procedures, protocols and standards set forth in nursing education and clinical practice are all anchored on national and international professional standards.	3.92	0.81

Workforce Development	Mean	SD
2. Collaborative partnerships between academic and service adhere and conform to the general policies of the hospital.	4.05	0.86
3. Working on a cooperative mechanism between the employer and employee to the potential workers and create a continued commitment and loyalty to the institution.	4.10	0.82
4. There are sound personnel practices that resulting to a transparent written policies, procedures, protocols and standards reflecting the job, roles to be performed, quality services to be rendered and the purpose of the council and overall healthcare facility.	4.04	0.86
5. Each job category is carefully studied and defined terms are clear, written and documented.	3.94	0.82
6. Each job category is selected based on job specification and job analysis that yield job satisfaction to better individual performance and productivity.	4.05	0.74
<b>Overall mean</b>	<b>4.02</b>	<b>0.67</b>

*Table 4. Extent of collaboration in academic and clinical progression*

Academic and Clinical Progression	Mean	SD
1. Facilitate discussions among faculty, students, practice partners, and other stakeholders across the nursing education and health profession communities regarding curriculum reform and promotion of academic progression.	3.99	0.88
2. Increasing the quality of clinical education for the student as the highest priority for the nursing service and nursing education.	4.10	0.69
3. Partner with practice colleagues to design creative collaborative initiatives to assure that the graduates are prepared to practice and to progress in their nursing education.	4.18	0.68
4. Engage faculty, practice partners, and students by using the national roadmap and other international frameworks in guiding them to assume new roles through academic progression	3.95	0.79
5. Develop programs and initiatives that support the ongoing academic progression of staff, enabling them to expand their competencies and implement new roles.	3.98	0.79
6. Champion multi-site, research initiatives designed to test and evaluate the academic progression of students in all types of nursing educational programs.	3.70	0.78

Academic and Clinical Progression	Mean	SD
7. Academic and clinical partners achieve higher levels of education and training through an improved education system that promotes the seamless academic environment.	3.88	0.79
8. Supports collaboration of education and practice in creating accessible and affordable methods in healthcare and the academe.	3.85	0.73
9. Provide faculty development opportunities create new academic and clinical progression curriculum models.	3.96	0.67
10. Create partnerships with colleagues in education and practice to advocate for new curriculum models that will enable graduates to progress academically.	4.00	0.70
<b>Overall mean</b>	<b>3.96</b>	<b>0.57</b>

*Table 5. Extent of collaboration in faculty practice*

Faculty Practice	Mean	SD
1. Academic and clinical faculty meets regularly to discuss issues, share best practices, and coordinate clinical modalities.	4.06	0.70
2. Formal communication processes between the clinical faculty coordinator and clinical instructors/teachers are regularly conducted.	4.14	0.67
3. Receive orientation to prepare faculty for their clinical education role.	4.00	0.80
4. Receive regular professional development and supervision.	4.00	0.84
5. Ensure that the clinical curriculum objectives actively guide the learning experiences	4.05	0.80
6. Revisit the educational program objectives of the curriculum	4.00	0.78
7. Reexamine the learning tools and instructional materials.	4.00	0.83
8. Provide various opportunities for the faculty practitioner regarding clinical services to keep skills current and meet licensure requirements.	4.15	0.81
<b>Overall mean</b>	<b>4.05</b>	<b>0.67</b>

## DISCUSSION

### Nursing Education Redesign

Table 1 presents the extent of collaboration in building academic-service partnerships in terms of nursing education redesign. The overall mean of 3.92 reflected a great extent of evaluation. Furthermore, it can be inferred, there was a deep understanding of the enduring concepts of the discipline, as anchors for the many details students must learn (M=4.17). In a rapid change of the healthcare delivery, nursing education institutions are required to produce highly skillful, innovation-driven, efficiency-driven, and results-

oriented practitioners in a highly regulated environment (Boller & Jones, 2010). In addition, Frank (2008) surmised that effective partnerships could benefit both students and the agencies where clinical experiences take place. He further posited educators and service personnel must fully collaborate to provide the best education for future practitioners. In this regard, nursing education redesign aims to critically examine and identify the best teaching modalities and develop more effective and efficient methods to educate students. This domain aims to build collaborative, systematic, ongoing, and evidence-based approaches that assure a well-prepared nursing workforce will take the lead in optimizing the health of today and in the emerging future (Boller & Jones, 2010). With this, nursing education redesign is significant to be part of the collaboration between academic and service institutions in building a partnership. Nursing education needs to consolidate efforts with the nursing service because they are both responsible and accountable for the development of lifelong learning, holistic preparation and practice orientation of graduate nurses from transitory to practice. Becoming adaptive, responsive, integral component of the society and healthcare system are the key attributes of nurses who are locally and globally competent, conscientious, compassionate, and caring.

### **Research Collaboration**

Table 2 presents the extent of collaboration in building academic-service partnerships in terms of research as part of the academic-service partnerships. Overall, participants assessed the extent of collaboration as being met to a “great extent” ( $M=3.76$ ). Furthermore, it can be gleaned in the results that participants agreed that academic and service institutions introduce nursing research and its contributions to the healthcare outcomes ( $M=3.94$ ). The nursing research has become integral to the development of any healthcare system’s safety and overall quality. Academic-service partnerships are an essential tool for initiating and realizing this paradigm shift. The nursing profession will play a key role in the process of redesigning the practice environment to bridge the gap between the fragmented care and the integrated multidisciplinary care processes, as the nurse is most closely connected to both the patient and the healthcare team (Institute of Medicine (IOM) 2010).

Effective collaboration involves the interplay between the teams of interdisciplinary professionals, the organizational environment they practice in and the underlying cultural expectations that presuppose the possibilities for collaboration (Bender, Connelly, & Brown, 2013). Research capacity building engenders assets that allow communities to respond adequately to health issues and problems that are contextual, cultural and historical in nature (Airhihenbuwa, 2011). Henoch et al. (2014) concluded that nursing education has the potential to positively influence the nurses’ attitudes towards nursing research and evidence-based practice, which could result in better patient outcomes.

### **Workforce Development**

Table 3 presents the extent of collaboration in workforce development. Overall, participants assessed the faculty practice as being met to a “great extent ( $M=4.02$ ,  $SD=0.67$ ). The results also revealed that the participants were working on a cooperative mechanism between the employers and employees to the potential workers and create a continued commitment and loyalty to the institution ( $M=4.10$ ). A key focus of concern in relation to the future shape of the nursing workforce internationally and nationally has

been the perceived high attrition rate of graduates. This concern has been accompanied by a plethora of literature on the graduate transition to practice. Many of studies have been carried out from the perspective of the employing organization and look at the graduate turnover, intent and retention strategies within the first year of practice (Scott et al., 2011).

The Institute of Medicine (IOM) (2010) reported four key essential perspectives that would innovate the roles and functions of nurses as follows: (a) nurses should practice to the full extent of their education and training; (b) nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression; (c) nurses should be full partners with physicians and other health professionals, in redesigning health care in the united states; and (d) effective workforce planning and policymaking require better data collection and an improved information infrastructure. Many studies have been conducted examining the factors in reducing the nursing shortage and would facilitate the workforce development including the graduate transition to practice, turnover intent and recruitment and retention strategies, from an employer perspective. These studies have usually focused on the retention in the first year following graduation (Gaynor et al., 2006; Rydon, Rolleston, & Mackie, 2008; Salt, Cummings, & Profetto-McGrath, 2008). The workforce development in nursing, leaders and policymakers are in the process of bridging the gap between theories and practice that will align the local and global needs for nurses as a growing body of the healthcare workforce.

### **Academic and Clinical Progression**

Table 4 describes the extent of collaboration in academic and clinical progression. Overall, the participants assessed faculty practice as being met to a “great extent ( $M=3.96$ ,  $SD=0.57$ ). Partners work with practice colleagues to design creative collaborative initiatives to assure that the graduates are prepared to practice and to progress in their nursing education. ( $M=4.18$ ,  $SD=0.68$ ). Despite a great extent of collaboration revealed in the findings, championing multi-site, research initiatives designed to test and evaluate the academic progression of students in BSN program were identified to have the lowest mean among the other indicators ( $M=3.70$ ,  $SD=0.78$ ). This reflects that in the academic community, there is a little evidence of developing a system from which graduates are monitored. The common measures of academic progression to date in the country include academic performance, clinical evaluation, and the licensure examination. Few of the nursing schools are conducting tracer study to look into the success of the students from transitory to practice. Thus, both academic and service institutions need to develop the partnership to orchestrate the art and science of nursing in the preparation of nurses and future of nursing. Wolff et al. (2012) pointed out the agreement about the meaning of new graduate nurses' readiness for practice as having a generalist foundation and some job-specific capabilities, providing safe client care, keeping up with the current realities of nursing practice, being well equipped with the tools needed to adapt to the future needs of clients, and possessing a balance of doing, knowing, and thinking.

### **Faculty Practice**

Table 5 presents the extent of collaboration in the faculty practice. Overall, participants assessed the collaboration as being met to a “great extent” ( $M=4.05$ ,  $SD=0.67$ ). Moreover,



as agreed by the participants, there were formal communication processes between the clinical faculty coordinators and clinical instructors/teachers which were regularly conducted ( $M=4.14$ ,  $SD=0.67$ ). The faculty practice as an interaction performed for or on behalf of clients and various roles are integrated such as consulting, teaching, research, caregiving, or counseling (Beal et al., 2012). Many authors concluded that faculty practice has many benefits, which include cost effectiveness, good patient outcomes, positive student learning, increased research productivity, and faculty satisfaction (Beal et al., 2012). The preceptor role in undergraduate nursing education is complex and multifaceted. The undergraduate nursing students identify preceptors as a key to their learning in the clinical setting; however, staff nurse preceptors often feel unprepared to serve in this role (McClure & Black, 2013).

According to Roberts, Kasal and Flowers (2013) the ability to respond to the increasing need for nurses is directly related to the availability of adequate numbers of faculty. One solution that is currently being utilized by many educational institutions is the employment of adjunct clinical faculty. As more and more adjunct clinical faculties are being used to educate nursing students, the manner in which these clinicians are being prepared for an educator role must be examined. Based on their findings, the participant perspectives revealed that their transition from a nurse clinician into the role of adjunct clinical faculty is one that should be intentionally guided and supported by a mentor, with a focus on the acquisition of educational skills needed for that role.

Cranford (2013) stated that one solution to the faculty shortage is to recruit faculty from clinical practice. This often becomes problematic resulting in intent to leave academia within five years. The possible factors contributing to this action are role ambiguity and role strain. Ferguson, Haantjens, and Milosavljevic (2014) evaluated the role of the clinical educator position in a specific teaching hospital setting on its ability to increase clinical student supervision capacity while maintaining staff productivity and sustaining staff morale. The faculty practice partnerships offer a feasible, cost-effective option for the promotion of the staff development quality in the face of constrained health care and educational resources. The faculty practice can add significantly to the dimensions of educator roles. Services in a healthcare organization in clinical, research, or administrative roles add a realistic and broader dimension to the faculty member's perspective on social issues. Thus, the partnership built on collaboration would greatly impact both the academic and service institutions in achieving the goals of preparation and practice orientation for the next generation of nurses and nursing community.

### **Proposed Enhancement Program in Strengthening Academic–Service Partnerships in Nursing**

This enhancement program covers areas that are timely and necessary to address the complex issues in nursing. In nursing education redesign, coordinated and continuous dialogues will identify gray spots to be improved. In research collaboration, the operationalization of research related activities is imperative along with the implemented of research agenda blueprint. It can be seen also from the figure that the academic faculty has significant roles in the development of a learner-centered environment through a reexamination of modalities, content inclusion in the course, and the program as a whole.

The part of the faculty roles is the continuing education that will make the academic community to be abreast with issues, concerns, and challenges.

The transition from clinical staff to having academic roles and the inclusion of being mentors to the students and other stakeholders require a continuing orientation plan. There is scant evidence in the area of academic-clinical progression in relation to the building of collaboration. Thus, it can be integrated into some areas for appraisal, which include a multi-site research identifying the concepts of transitory to practice. Nursing graduates are expected to develop knowledge, skills, and attitudes. With this, conformity to both national and international standards in nursing practice is required.

Both academic and service institutions in nursing are striving to meet the challenges associated with globalization and the increasing demands on the healthcare delivery systems. On the other hand, nursing is not a standalone profession to experience the mounting oddities and issues. In fact, many academic disciplines are in the process of restructuring its system to meet the ever-changing local and global demands based on the service needs. In nursing, collaboration has been conceived as a significant instrument to facilitate the growth of scholarship in teaching, research, and practice. For instance, in nursing education, the partnership built in collaboration with the nursing service provided a platform on how both organizations can become more proactive and reactive to the rapidly changing environment. Academic and service partnerships enable the realization of providing quality education and quality services through a continuous revisit in the following areas including nursing education redesign, research collaboration, faculty practice, academic and clinical progression, and nursing workforce development. The proposed academic service collaborative partnerships in nursing is further described in Figure 1.

## CONCLUSION

The study revealed that the students, faculty, nursing administrators and staff nurses showed a great extent of collaboration in terms of nursing education redesign, research collaboration, faculty practice, academic and clinical progression, and workforce development. This study proposes an enhancement program in building academic – service partnerships in nursing which can be an instrument to strengthen the current status of nursing amidst radical reforms in the healthcare delivery.

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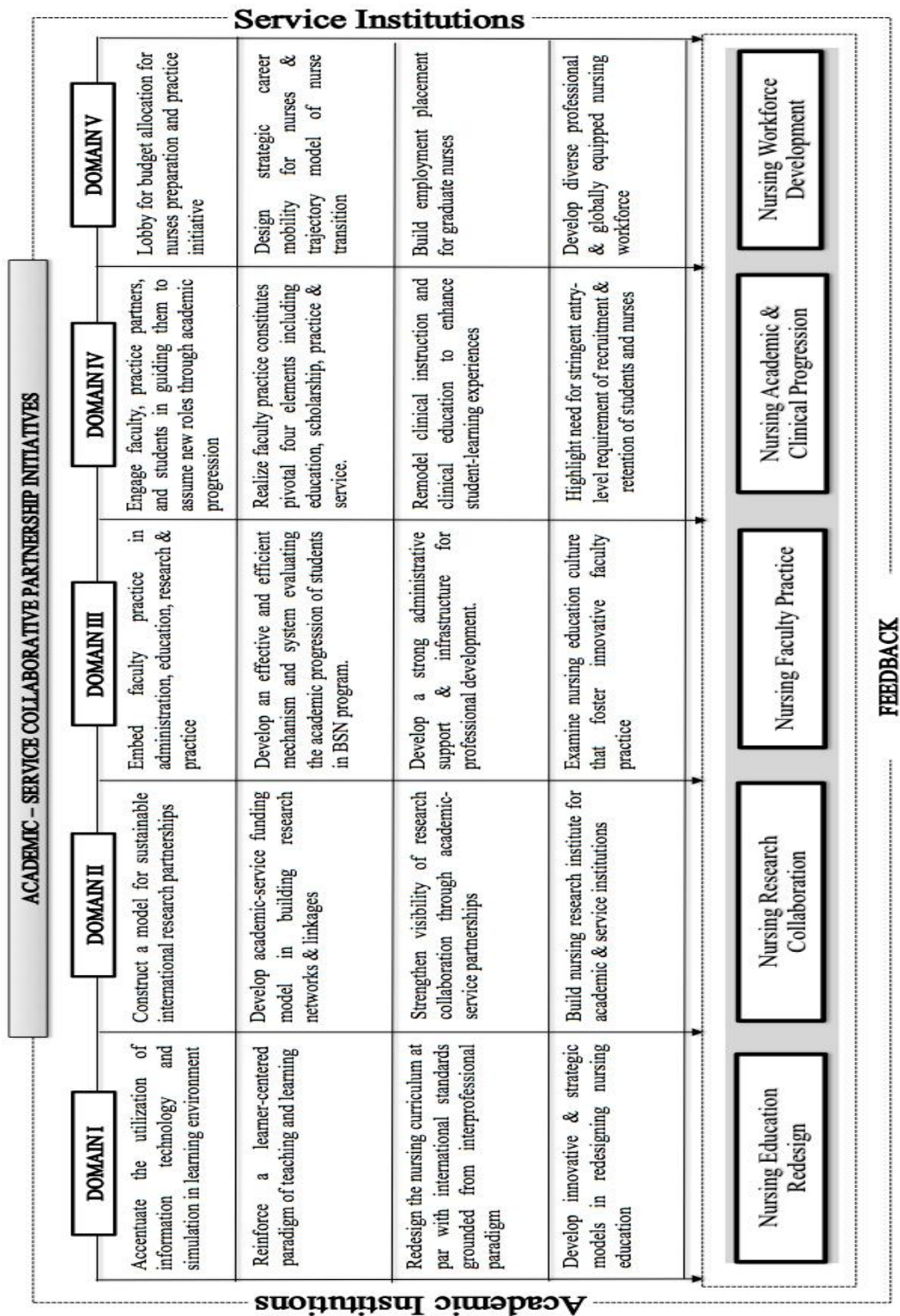


Figure 1. Proposed enhancement program in building academic – service partnerships in nursing